



MEDICATION ADHERENCE



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MEDICATION ADHERENCE

Learning objectives

- Learn why this is such an important topic
- Identify the 3 primary causes of medication non-adherence
- Discover a couple tools to assess medication adherence
- Develop strategies to help patients/clients improve their knowledge about their medication
- Learn about decisional balance and developing discrepancies when patients/clients demonstrate ambivalence
- Recognize the financial burden of medications
- Increase understanding of health insurance coverage for medications including Medicare Part D and Extra Help
- Discover resources including assistance programs to lower the cost of medications

MEDICATION ADHERENCE: WHY SO IMPORTANT???

- “WHO reported that adherence among patients with chronic diseases averages only 50% in developed countries. This is recognized as a significant public health issue, since medication nonadherence leads to poor health outcomes and increased healthcare costs.” *Lam and Fresco*
- “Medication non-adherence has important health consequences, ranging from decreased quality of life and poorly managed symptoms to death. But the implications of medication non-adherence extend beyond the individual; non-adherence is also associated with significant societal costs. Upwards of \$300 billion of avoidable health care costs have been attributed to medication non-adherence annually in the U.S., comprising up to 10% of total health care costs.” *Zullig and Bosworth*

MEDICATION ADHERENCE SIMPLIFIED

Three Primary Causes of Medication Non-adherence:

1. Knowledge deficits related to the purpose and importance
2. Concern about side effects
3. Financial burden

The Adherence Estimator®

New Prescription Survey

Your doctor would like to know your thoughts and opinions about your new medicine. Please answer the following questions. There are no right or wrong answers.

Medication:

For each question, please touch the box that best describes how you feel about the medicine noted above.

1

	Agree completely	Agree mostly	Agree somewhat	Disagree somewhat	Disagree mostly	Disagree completely
I am convinced of the importance of my prescription medicine.	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

2

	Agree completely	Agree mostly	Agree somewhat	Disagree somewhat	Disagree mostly	Disagree completely
I worry that my prescription medicine will do more harm than good to me.	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

3

	Agree completely	Agree mostly	Agree somewhat	Disagree somewhat	Disagree mostly	Disagree completely
I feel financially burdened by my out-of-pocket expenses for my prescription medicine.	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>	<input type="button" value=""/>

MEDICATION ADHERENCE: GOING DEEPER

- Cognition/memory
- Medication system
- Fear of effects
- Lifestyle
- Schedule
- Annoyance
- Culture
- Education
- Importance
- Honesty

	YES	NO
1. Do you sometimes forget to take your medication?		
2. People sometimes miss taking their medications for reasons other than forgetting. Over the past 2 weeks, were there any days when you did not take your medication?		
3. Have you ever cut back or stopped taking your medication without telling your doctor because you felt worse when you took it?		
4. When you travel or leave home, do you sometimes forget to bring your medication?		
5. Did you take all your medication yesterday?		
6. When you feel like your symptoms are under control, do you sometimes stop taking your medication?		
7. Taking medication every day is a real inconvenience for some people. Do you ever feel hassled about sticking to your treatment plan?		
8. How often do you have difficulty remembering to take all your medication? Never/Rarely..... Once in a while..... Sometimes..... Usually..... All the time.....		

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The 8-item Morisky Medication Adherence Scale

KNOWLEDGE DEFICITS RELATED TO THE PURPOSE AND IMPORTANCE OF MEDICATIONS

Step One: Assess knowledge

- Start by asking permission –
 - “We have some time to look close at your medications together. Is it ok if we talk about the purpose of each?”
- Use open ended questions or imperative statements:
 - “What do you know about metoprolol?”
 - “How does metformin help you?”
 - “Tell me about this medication”

KNOWLEDGE DEFICITS RELATED TO THE PURPOSE AND IMPORTANCE OF MEDICATIONS - CONTINUED

Step 2: Address knowledge deficits:

- Help the patient develop a list of questions for his/her providers
- Assist with scheduling an appointment if questions cannot be addressed by phone
- Attend appointment with patient if possible
- Consider other resources such as a pharmacist or home health nurse
- Other ideas?

CONCERN ABOUT SIDE EFFECTS

1. Connect patient to education that includes purpose and side effects
 - Provide printed material
 - Use only reputable online sources such as NIH, Medline Plus , Up To Date, or the pharmaceutical company website
 - Use education material approved by your health system
 - A pharmacist as a resource
2. Encourage discussion with provider

IMPROVE MEDICATION ADHERENCE: DECISIONAL BALANCE AND DEVELOPING DISCREPANCIES

- Listen!
 - “I want to do everything I can to get healthier”
 - “I am afraid of getting sicker”
 - “There is nothing I can do to feel better”
 - “That medication makes me itch”
 - “I can’t take that medication”

What else have you heard?

IMPROVING MEDICATION ADHERENCE: DEARS

A MOTIVATIONAL INTERVIEWING STRATEGY

Develop discrepancy

- Bring out the scale
- Employ the “Colombo” technique

Express empathy

- Practice reflective listening
- Reflect without criticizing, blaming or judging

Amplify ambivalence

- Recognize and verbalize when the patient is “of 2 minds”

IMPROVING MEDICATION ADHERENCE: DEARS A MOTIVATIONAL INTERVIEWING STRATEGY

Roll with resistance

- Acknowledge that resistance is normal when people are considering change
- Recognize actions or words of resistance - arguing, interrupting, denying, and ignoring
- Ask permission

Support self-efficacy

- Strive to increase self confidence
- Reframe toward more positive/realistic view

FINANCIAL BURDEN: UTILIZE ANY AND EVERY RESOURCE!

- Insurance Coverage
- Patient Assistance Programs
- Information about SHIBA services



UTILIZING INSURANCE COMPANY RESOURCES

Formularies:

- Step 1 – use Google to find current formulary: for example “Blue Cross of Idaho True Blue HMO 2018 formulary”
- Step 2 - find the drug that is causing the issue

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	3	QL (60 inhalations / 30 days)
ADVAIR HFA	3	QL (1 inhaler / 30 days)
BREO ELLIPTA	3	QL (60 blisters / 30 days)
DULERA	4	QL (1 inhaler / 30 days)
SYMBICORT	3	QL (1 inhaler / 30 days)

Generic Drugs are shown in lower case italic letters

BRAND NAME DRUGS are shown in all capital letters

PA - Prior Authorization
available at mail-order

QL - Quantity Limits

ST - Step Therapy

NM - Not

B/D - Covered under Medicare B or D*

LA - Limited

Access

- Ask to change to less expansive option, in this case tier 3
- Consider a tier exception
- Consider changing plans during open enrollment
- Make a plan to help with cost during the Medicare Gap

UTILIZING INSURANCE COMPANY RESOURCES

How can we help??

Discuss options with patient/provider and bring in a social worker or pharmacist to help!

- Ask to change to less expensive option
- Consider a tier exception
- Assist with completing a medication budget
- Consider changing plans during open enrollment
- Make a plan to help with cost during the Medicare Gap
- Consider Medicare Extra Help
- Apply for patient assistance

What You Pay During STAGE 2 Initial Coverage Period

Formulary Name	True Blue Rx (HMO)	True Blue Rx Option II (HMO)*	True Blue Rx Option I (HMO)
	Essentials	Performance	Performance
Part D Deductible	\$0	\$200*	\$0
Preferred Retail Cost			
	30-day supply	30-day supply	30-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$6 copay	\$12 copay	\$6 copay
Tier 3 (Preferred Brand)	\$31 copay	\$37 copay	\$35 copay
Tier 4 (Non-Preferred Drug)	\$90 copay	\$90 copay	\$85 copay
Tier 5 (Specialty Tier)	33% of cost	29% of cost	33% of cost
Non-Preferred Retail Cost			
	30-day supply	30-day supply	30-day supply
Tier 1 (Preferred Generic)	\$15 copay	\$10 copay	\$5 copay
Tier 2 (Generic)	\$20 copay	\$20 copay	\$12 copay
Tier 3 (Preferred Brand)	\$47 copay	\$47 copay	\$45 copay
Tier 4 (Non-Preferred Drug)	\$100 copay	\$100 copay	\$95 copay
Tier 5 (Specialty Tier)	33% of cost	29% of cost	33% of cost
Mail Order Cost			
	90-day supply	90-day supply	90-day supply
Tier 1 (Preferred Generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$18 copay	\$36 copay	\$18 copay
Tier 3 (Preferred Brand)	\$93 copay	\$111 copay	\$105 copay
Tier 4 (Non-Preferred Drug)	\$270 copay	\$270 copay	\$255 copay
Tier 5 (Specialty Tier)	30-day supply only (33% of cost)	30-day supply only (29% of cost)	30-day supply only (33% of cost)

INSURANCE RESOURCES

Asking for an Exception:

- Print the Exception Form from the insurance company website
- Assist patient with completing their portion of the form
- Ask prescribing provider to complete form and fax
- Follow up!

Name of prescription drug you are requesting (if known, include strength and quantity requested per month):

Type of Coverage Determination Request

- ☐ I need a drug that is not on the plan's list of covered drugs (formulary exception).*
- ☐ I have been using a drug that was previously included on the plan's list of covered drugs, but is being removed or was removed from this list during the plan year (formulary exception).*
- ☐ I request prior authorization for the drug my prescriber has prescribed.*
- ☐ I request an exception to the requirement that I try another drug before I get the drug my prescriber prescribed (formulary exception).*
- ☐ I request an exception to the plan's limit on the number of pills (quantity limit) I can receive so that I can get the number of pills my prescriber prescribed (formulary exception).*
- ☐ My drug plan charges a higher copayment for the drug my prescriber prescribed than it charges for another drug that treats my condition, and I want to pay the lower copayment (tiering exception).*
- ☐ I have been using a drug that was previously included on a lower copayment tier, but is being moved to or was moved to a higher copayment tier (tiering exception).*
- ☐ My drug plan charged me a higher copayment for a drug than it should have.
- ☐ I want to be reimbursed for a covered prescription drug that I paid for out of pocket.

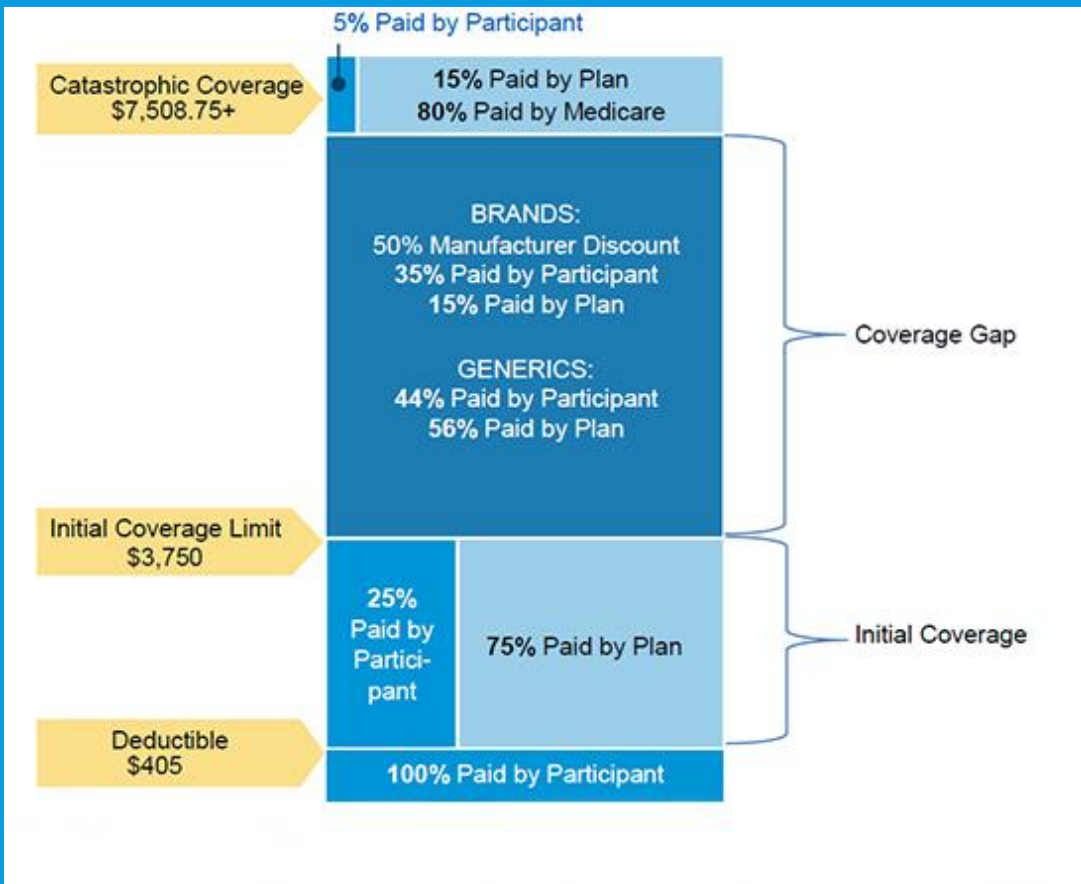
* NOTE: If you are asking for a formulary or tiering exception, your prescriber MUST provide a statement supporting your request. Requests that are subject to prior authorization (or any other utilization management requirement), may require supporting information. Your prescriber may use the attached "Supporting Information for an Exception Request or Prior Authorization" to support your request.

FINANCIAL BURDEN: UNDERSTANDING MEDICARE PART D

<https://youtu.be/fCaNNQwoVD8>



EXAMPLE



2018 Part D Parameters

- Deductible : **\$405.00**
- Initial Coverage Limit: **\$3,750**
- Out- of- Pocket paid by individual: **\$5,000**
- Total Covered Part D Drug spending before Catastrophic Coverage: **\$7,508**

EXTRA HELP EXPLAINED

Helps with monthly premiums, annual deductibles, and prescription co-payments

- Estimated to be worth about \$4,900 per year
- For people with limited resources and income
- Many people qualify and don't even know it

EXTRA HELP CONTINUED

- 2018 Qualifications:

- Up to \$18,210 in yearly income (\$24,690 for a married couple)
- Up to \$14,100 in resources (\$28,150 for a married couple).

- .

- How to Apply:

- Online at www.socialsecurity.gov/extrahelp
- Call Social Security at 1-800-772-1213 to apply over the phone or two request an application
- Apply at your local Social Security office

ASSISTANCE PROGRAMS

What's out there?

- Low cost clinics – find them in your area!
 - Sliding scale care/medications based on income
 - Partnerships with pharmacies for low cost medications
 - Grant programs
 - Social work services
- Pharmaceutical Assistance and other programs

PATIENT ASSISTANCE







- Go to needymeds.org
<http://www.needymeds.org/>
- **Helpline 800-503-6897**
- Complete the DRUG SEARCH to find assistance available for individual medications
- Also search the medical condition for assistance programs

A RESOURCE FOR GENERIC MEDICATIONS



Rx Outreach - a fully-licensed nonprofit mail order pharmacy.

<http://rxoutreach.org/>

Number of People in your household, Including Yourself	All States and Washington D.C., Except Alaska and Hawaii
You 	Not More Than \$36,420 a year
You + 1 	Not More Than \$49,380 a year
You + 2 	Not More Than \$62,340 a year
You + 3 	Not More Than \$75,300 a year
Add this amount for each additional person*	\$12,960 a year

IMPORTANT NOTICE FOR MEDICARE PART D INDIVIDUALS

- Do not assume patients with Medicare Part D do not qualify for assistance!
- Some applications require **Medicare Part D recipients** to have spent **at least 3%** of household income on prescriptions for medications or will have dollar amount that must have been spent year to date.
- Free trial cards typically work even for Part D recipients

THE COMMUNITY HEALTH WORKER! BRIDGING THE GAP IN MEDICATION ADHERENCE

- *"Patients are often stripped from their individuality, are observed, and given medication recommendations out of context with their daily life. Community health workers go to their home and can see what is happening. The act of witnessing has allowed a lot of honest dialogue."*

Heidi Behforouz, MD, Physician Lead, Los Angeles County Department of Health Services' Care Connections Program

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